



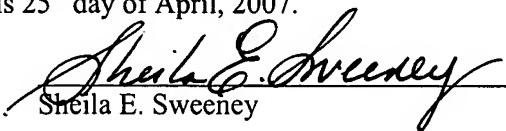
PATENT  
Attorney Docket No. PXE-001C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Boyd et al. CONFIRMATION NO.: 6535  
SERIAL NO.: 10/764,328 GROUP NO.: 1637  
FILING DATE: January 23, 2004 EXAMINER: Wilder, Cynthia B.  
TITLE: Methods and Compositions for Diagnosing and Treating  
Pseudoxanthoma Elasticum and Related Conditions

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25<sup>th</sup> day of April, 2007.



Sheila E. Sweeney

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal (1 pg.);
3. Amendment and Response (20 pgs.); and
4. Return receipt postcard (1 pg.).

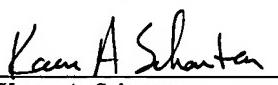


# TRANSMITTAL FORM

	<p>Application Serial Number      10/764,328</p> <p>Filing Date      January 23, 2004</p> <p>First Named Inventor      Boyd</p> <p>Group Art Unit      1637</p> <p>Examiner Name      Wilder, Cynthia B.</p> <p>Attorney Docket No.      PXE-001C1</p> <p>Confirmation No.      6535</p>
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**ENCLOSURES (check all that apply)**

<p><input checked="" type="checkbox"/> Fee Transmittal Form</p> <p style="margin-left: 20px;"><input type="checkbox"/> Check Attached</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copy of Fee Transmittal Form</p> <p><input checked="" type="checkbox"/> Amendment/Response (20 pgs.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Preliminary</p> <p style="margin-left: 20px;"><input type="checkbox"/> After Final</p> <p style="margin-left: 20px;"><input type="checkbox"/> Affidavits/declaration(s)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Letter to Official Draftsperson</p> <p>including Drawings</p> <p>[Total Sheets _____]</p> <p><input type="checkbox"/> Petition for Extension of Time</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p style="margin-left: 20px;"><input type="checkbox"/> Form PTO-1449</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copies of IDS Citations</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Sequence Listing submission</p> <p style="margin-left: 20px;"><input type="checkbox"/> Paper Copy/CD</p> <p style="margin-left: 20px;"><input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement verifying identity of above</p>	<p><input type="checkbox"/> Copy of Notice to File Missing Parts of Application</p> <p><input type="checkbox"/> Formal Drawing(s)</p> <p><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal</p> <p><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> CD(s) for large table or computer program</p> <p><input type="checkbox"/> Amendment After Allowance</p> <p><input type="checkbox"/> Request for Certificate of Correction</p> <p style="margin-left: 20px;"><input type="checkbox"/> Certificate of Correction (in duplicate)</p>	<p><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Brief (in triplicate)</p> <p><input type="checkbox"/> Status Inquiry</p> <p><input checked="" type="checkbox"/> Return Receipt Postcard</p> <p><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8</p> <p><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8</p> <p><input type="checkbox"/> Additional Enclosure(s) (please identify below)</p>
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<p><b>CORRESPONDENCE ADDRESS</b></p> <p>Direct all correspondence to: Patent Administrator Kirkpatrick &amp; Lockhart Preston Gates Ellis LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175</p>	<p><b>SIGNATURE BLOCK</b></p> <p>Respectfully submitted,</p> <p style="text-align: center;"> Karen A. Schouten Attorney for the Applicant(s) Kirkpatrick &amp; Lockhart Preston Gates Ellis LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950</p>
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**FEES TRANSMITTAL  
FY 2007**

*Complete if Known*

Application Serial Number	10/764,328
Filing Date	January 23, 2004
First Named Inventor	Boyd
Group Art Unit	1637
Examiner Name	Wilder, Cynthia B.
Attorney Docket No.	PXE-001C1
Confirmation No.	6535

**METHOD OF PAYMENT**

1.  Payment Enclosed:  
 Check  Money Order  Other

2.  The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.  
 Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.  
3.  Applicant claims small entity status.

**FEES CALCULATION**

**1. FILING/SEARCH/EXAM/SIZE FEES**

**Large Entity**

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 50.00 =

Independent Claims - 3 = x \$200.00 =

Multiple Dependent Claim(s), if any \$360.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$ 0.00)

**2. AMENDMENT CLAIM FEES**

Claims Remaining	Highest No. Previously	Present	Rate	Fee Paid
After Amend.	Paid For			
Total 38	- 45 = 0	x \$ 50.00 =		0.00
Indep. 7	- 8 = 0	x \$200.00 =		0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$360.00 =		

TOTAL: (\$ 0.00)

SMALL ENTITY DISCOUNT:

SUBTOTAL (2) (\$ 0.00)

SUBTOTAL (3) (\$ 0.00)

SUBTOTAL (1)

SUBTOTAL (2)

SUBTOTAL (3)

TOTAL (\$ 0.00)

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Direct all correspondence to:

Patent Administrator  
Kirkpatrick & Lockhart Preston  
Gates Ellis LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175

**SIGNATURE BLOCK**

Respectfully submitted,

Karen A. Schouten

Attorney for the Applicant(s)

Kirkpatrick & Lockhart Preston

Gates Ellis LLP

State Street Financial Center

One Lincoln Street

Boston, MA 02111-2950



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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Sir:

This paper is responsive to the non-final Office action mailed from the U.S. Patent and Trademark Office on January 29, 2007. Applicants believe that no extension of time or fee is due for this Amendment and Response to be entered and considered. However, please consider this a conditional petition for the proper extension, if one is required, and a conditional authorization to charge any related extension fees or other fees necessary for entry of this paper to Deposit Account No. 50-1721.

**Amendments to the Specification** begin on page 2 of this paper;

**Amendments to the Claims** begin on page 7 of this paper; and

**Remarks** begin on page 13 of this paper.